

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-050167

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

FILED JAN 3 1964

1. PLACE OF DEATH

a. COUNTY

ST. LOUIS

2. USUAL RESIDENCE (Where deceased lived. If institution? Residence before admission)

a. STATE

b. COUNTY

ST. LOUIS

b. CITY (If outside corporate limits, give TOWNSHIP only)

CLAYTON

Length of stay in 1b

c. CITY

ROCKHILL

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

CLAYTON MO

Inside Limits

Yes ☒ No ☐

d. STREET

315 EUCLID

(If outside, give location)

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

First

Middle

Last

HIRAM

BROOME

4. DATE

Month

Day

Year

OF DEATH

Dec.

21

1963

5. SEX

MALE

6. COLOR OR RACE

NEGRO

7. Married

Never Married ☐

Widowed ☐

Divorced ☐

8. DATE OF BIRTH

9. AGE (last birthday)

IF UNDER 1 YEAR

IF UNDER 24 HR

Months

Days

Hours

Min.

2-7-1897 66

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

LABORER

10b. KIND OF BUSINESS OR INDUSTRY

LABORER

11. BIRTHPLACE (City and state or country)

COMMERCE MO

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

SAMUEL BROOME

13b. MOTHER'S MAIDEN NAME

ELLA BURNES

14. NAME OF HUSBAND OR WIFE

IDA BROOME

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

YES UNKNOWN

16. SOCIAL SECURITY NO.

UNKNOWN

17. INFORMANT

Ida Broome

Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute Left Heart Failure

INTERVAL BETWEEN ONSET AND DEATH

DUE TO (b)

Hypertensive Cardiovascular Disease

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes

☐ No

☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

p.m.

20d. INJURY OCCURRED WHILE AT WORK

NOT WHILE AT WORK

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 12-21-63 to 12-21-63 and last saw her alive on 12-21-63

Death occurred at 2:17 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

John M. Farmer, M.D.

22b. ADDRESS

601 S. Brentwood, Clay City, Mo.

22c. DATE SIGNED

12-27-63

23a. BURIAL, CREMATION, OR OTHER DISPOSAL (Specify)

Burial

23b. DATE

12-27-63

23c. NAME OF CEMETERY OR CREMATORY

Father Dickman

23d. LOCATION (City, town, or county)

Clayton Mo

24. FORENSIC DIRECTOR

ADDRESS

W. Gaudecel, 3000 E. Euclid

25. DATE RECD. BY LOCAL REG.

12-27-63

26. REGISTRAR'S SIGNATURE

John B. Murphy, M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

AFFIDAVIT OF

DATE AMENDED

VS 300

Rev. 4/59

1 4002

2 4038

3 2

4 2

5 1

6 1

7 0

8 1

9 443X

10

11

12 45-0

13

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.